FORM W1 1222 EMPLOYER'S WITHHOLDING - MONTHLY 1. Number of Taxable Employees. 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 3. Taxable Earnings (from line 2). 4. Actual Tax Withheld at 2.500 %. 5. Adjustments of Tax for Prior Period. 6. Interest on Late Payment. 7. Penalty on Late Payment. 7. Penalty on Late Payment. 8. Total (Include Interest and Penalty if Due).

Name

And

Address

Tax Year 2016

I hereby certify that the information and statements of	ontained here
in and in any schedules or exhibits attached are true	and correct.

Signed	
Title	Date

THIS RETURN MUST BE FILED ON OR BEFORE FEBRUARY 15, 2016

MAKE CHECK OR MONEY ORDER TO:

WALTON HILLS - SAGAMORE HILLS JEDD P O BOX 932501 CLEVELAND OH 44193

Voice 440-232-7800 Fax 440-232-4070

Period Ending JANUARY

Phone #

TAX ID

1. Number of Taxable Employees	T V 0040
Total Salaries, Wages, Commissions and other Compensation paid all employees	Tax Year 2016 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.
	Signed
i. Taxable Earnings (from line 2)	Title Date
I. Actual Tax Withheld at 2.500 %	Phone #
5. Adjustments of Tax for Prior Period	THIS RETURN MUST BE FILED ON
S. Interest on Late Payment	OR BEFORE MARCH 15, 2016
7. Penalty on Late Payment	MAKE CHECK OR MONEY ORDER TO:
B. Total (Include Interest and Penalty if Due)	
	WALTON HILLS - SAGAMORE HILLS JEDD
Name	P O BOX 932501 CLEVELAND OH 44193
Name	SEEVEE WIS SIT THOS
And	Voice 440-232-7800 Fax 440-232-4070
Address	Period Ending FEBRUARY
	renod Ending TEBROART
	TAX ID
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1222 EMPLOYER'S WITHHO	
	LDING - MONTHLY
I. Number of Taxable Employees	LDING - MONTHLY Tax Year 2016
I. Number of Taxable Employees	LDING - MONTHLY Tax Year 2016 I hereby certify that the information and statements contained here
1. Number of Taxable Employees	LDING - MONTHLY Tax Year 2016 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.
1. Number of Taxable Employees	LDING - MONTHLY Tax Year 2016 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct. Signed
1. Number of Taxable Employees	Tax Year 2016 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct. Signed Title Date
1. Number of Taxable Employees	Tax Year 2016 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct. Signed Title Phone #
1. Number of Taxable Employees	Tax Year 2016 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct. Signed Title Date Phone # THIS RETURN MUST BE FILED ON
1. Number of Taxable Employees	Tax Year 2016 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct. Signed Title Date Phone # THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2016
1. Number of Taxable Employees	Tax Year 2016 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct. Signed Title Phone # THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2016 MAKE CHECK OR MONEY ORDER TO:
1. Number of Taxable Employees	Tax Year 2016 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct. Signed Title Phone # THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2016 MAKE CHECK OR MONEY ORDER TO: WALTON HILLS - SAGAMORE HILLS JEDD
1. Number of Taxable Employees	Tax Year 2016 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct. Signed Title Phone # THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2016 MAKE CHECK OR MONEY ORDER TO:
1. Number of Taxable Employees. 1 2. Total Salaries, Wages, Commissions and other 2 Compensation paid all employees. 2 3. Taxable Earnings (from line 2). 3 4. Actual Tax Withheld at 2.500 %. 4 5. Adjustments of Tax for Prior Period. 5 6. Interest on Late Payment. 6 7. Penalty on Late Payment. 7 8. Total (Include Interest and Penalty if Due). 8	Tax Year 2016 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct. Signed Title Phone # THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2016 MAKE CHECK OR MONEY ORDER TO: WALTON HILLS - SAGAMORE HILLS JEDD P O BOX 932501
1. Number of Taxable Employees	Tax Year 2016 I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct. Signed Title Date Phone # THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2016 MAKE CHECK OR MONEY ORDER TO: WALTON HILLS - SAGAMORE HILLS JEDD P O BOX 932501 CLEVELAND OH 44193
1. Number of Taxable Employees. 1 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 2 3. Taxable Earnings (from line 2). 3 4. Actual Tax Withheld at 2.500 %. 4 5. Adjustments of Tax for Prior Period. 5 6. Interest on Late Payment. 6 7. Penalty on Late Payment. 7 8. Total (Include Interest and Penalty if Due). 8	Tax Year 2016 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct. Signed Title Date Phone # THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2016 MAKE CHECK OR MONEY ORDER TO: WALTON HILLS - SAGAMORE HILLS JEDD P O BOX 932501 CLEVELAND OH 44193

Period Ending MARCH

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

TAX ID

1. Number of Taxable Employees	T V 2010
2. Total Salaries, Wages, Commissions and other	Tax Year 2016 I hereby certify that the information and statements contained he
Compensation paid all employees	in and in any schedules or exhibits attached are true and correct
	Signed
3. Taxable Earnings (from line 2)	Title Date
4. Actual Tax Withheld at 2.500 %	Phone #
5. Adjustments of Tax for Prior Period	THIS RETURN MUST BE FILED ON
6. Interest on Late Payment	OR BEFORE MAY 15, 2016
7. Penalty on Late Payment	MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)	
· · · · · · · · · · · · · · · · · · ·	WALTON HILLS - SAGAMORE HILLS JEDD
Name	P O BOX 932501 CLEVELAND OH 44193
And	Voice 440-232-7800 Fax 440-232-407
Address	Period Ending APRIL
	TAX ID
	777
	NOTICY INCOME TAY DEPARTMENT DRONDTLY OF ANY CHANCE IN OWNERCHIR OR MAKE AND ADDRESS
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1222 EMPLOYER'S WITHHOLDIN	
	G - MONTHLY
Number of Taxable Employees	G - MONTHLY Tax Year 2016
1. Number of Taxable Employees	G - MONTHLY Tax Year 2016 I hereby certify that the information and statements contained he
1. Number of Taxable Employees	G - MONTHLY Tax Year 2016 I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct
1. Number of Taxable Employees	Tax Year 2016 I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed
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1. Number of Taxable Employees. 1 2. Total Salaries, Wages, Commissions and other 2 Compensation paid all employees. 2 3. Taxable Earnings (from line 2). 3 4. Actual Tax Withheld at 2.500 %. 4 5. Adjustments of Tax for Prior Period. 5 6. Interest on Late Payment. 6 7. Penalty on Late Payment. 7	Tax Year 2016 I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed Title
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1. Number of Taxable Employees	Tax Year 2016 I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed Title Date Phone # THIS RETURN MUST BE FILED ON OR BEFORE JUNE 15, 2016 MAKE CHECK OR MONEY ORDER TO: WALTON HILLS - SAGAMORE HILLS JEDD P O BOX 932501 CLEVELAND OH 44193
1. Number of Taxable Employees	Tax Year 2016 I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed Title
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TAX ID

1. Number of Taxable Employees	Tau Vaan 0040	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	Tax Year 2016 I hereby certify that the information and statements continuous in and in any schedules or exhibits attached are true and	
	Signed	
B. Taxable Earnings (from line 2)		
Actual Tax Withheld at 2.500 %.		
i. Adjustments of Tax for Prior Period.		
5. Interest on Late Payment	OR BEFORE JULY 15, 2016	
. Penalty on Late Payment	MAKE CHECK OF MONEY OFFICE	тО.
. Total (Include Interest and Penalty if Due)		
	WALTON HILLS - SAGAMORE HILLS JE P O BOX 932501	טט
Name	CLEVELAND OH 44193	
And	Voice 440-232-7800 Fax 440-2	32-4070
Address	Period Ending JUNE	
	TAX ID	
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADD	
		RESS.
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FORM W1 1222 EMPLOYER'S	WITHHOLDING - MONTHLY	RESS.
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. Number of Taxable Employees	WITHHOLDING - MONTHLY Tax Year 2016 I hereby certify that the information and statements conti	iined hei
. Number of Taxable Employees	WITHHOLDING - MONTHLY Tax Year 2016 I hereby certify that the information and statements continuous in and in any schedules or exhibits attached are true and	iined he correct.
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Number of Taxable Employees. 1 Total Salaries, Wages, Commissions and other Compensation paid all employees. 2 Taxable Earnings (from line 2). 3 Actual Tax Withheld at 2.500 %. 4	Tax Year 2016 I hereby certify that the information and statements continuous and in any schedules or exhibits attached are true and Signed Title Phone #	ined he correct.
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1. Number of Taxable Employees	Tax Year 2016 I hereby certify that the information and statements continuous and in any schedules or exhibits attached are true and Signed Title Date Phone # THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 15, 2016	ined he correct
Number of Taxable Employees. Total Salaries, Wages, Commissions and other Compensation paid all employees. Taxable Earnings (from line 2). Actual Tax Withheld at 2.500 %. Adjustments of Tax for Prior Period. Interest on Late Payment.	Tax Year 2016 I hereby certify that the information and statements continuous and in any schedules or exhibits attached are true and Signed Title Date Phone # THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 15, 2016	ined he correct.
Number of Taxable Employees. Total Salaries, Wages, Commissions and other Compensation paid all employees. Taxable Earnings (from line 2). Actual Tax Withheld at 2.500 %. Adjustments of Tax for Prior Period. Interest on Late Payment.	Tax Year 2016 I hereby certify that the information and statements continuous and in any schedules or exhibits attached are true and Signed Title	ined he correct.
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Number of Taxable Employees. Total Salaries, Wages, Commissions and other compensation paid all employees. Taxable Earnings (from line 2). Actual Tax Withheld at 2.500 %. Adjustments of Tax for Prior Period. Interest on Late Payment. Penalty on Late Payment. Total (Include Interest and Penalty if Due).	Tax Year 2016 I hereby certify that the information and statements continuous and in any schedules or exhibits attached are true and Signed Title	TO:
I. Number of Taxable Employees. 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 3. Taxable Earnings (from line 2). 4. Actual Tax Withheld at 2.500 %. 5. Adjustments of Tax for Prior Period. 6. Interest on Late Payment. 7. Penalty on Late Payment. 8. Total (Include Interest and Penalty if Due).	Tax Year 2016 I hereby certify that the information and statements continuous and in any schedules or exhibits attached are true and signed Title Date Phone # THIS RETURN MUST BE FILED OF OR BEFORE AUGUST 15, 2016 MAKE CHECK OR MONEY ORDER WALTON HILLS - SAGAMORE HILLS JE P O BOX 932501 CLEVELAND OH 44193	TO:

TAX ID

1 1	HHOLDING - MONTHLY
1. Number of Taxable Employees	Tax Year 2016
Total Salaries, Wages, Commissions and other Compensation paid all employees	I hereby certify that the information and statements contained he
2	in and in any schedules or exhibits attached are true and correct
	Signed
3. Taxable Earnings (from line 2)	Title Date
4. Actual Tax Withheld at 2.500 %	Phone #
5. Adjustments of Tax for Prior Period	THIS RETURN MUST BE FILED ON
6. Interest on Late Payment	OR BEFORE SEPTEMBER 15, 2016
7. Penalty on Late Payment	MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)	
· · · · · · · · · · · · · · · · · · ·	WALTON HILLS - SAGAMORE HILLS JEDD
Name	P O BOX 932501 CLEVELAND OH 44193
Name	GLEVELAND OIT 44193
And	Voice 440-232-7800 Fax 440-232-407
Address	Paried Ending ALICUST
7.00.000	Period Ending AUGUST
	TAX ID
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FORM W1 1222 EMPLOYER'S WIT	
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS. HHOLDING - MONTHLY
1. Number of Taxable Employees	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS. HHOLDING - MONTHLY Tax Year 2016
Number of Taxable Employees	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS. HHOLDING - MONTHLY
1. Number of Taxable Employees	HHOLDING - MONTHLY Tax Year 2016 I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct
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1. Number of Taxable Employees. 1 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 2 3. Taxable Earnings (from line 2). 3 4. Actual Tax Withheld at 2.500 %. 4 5. Adjustments of Tax for Prior Period. 5 6. Interest on Late Payment. 6 7. Penalty on Late Payment. 7	HHOLDING - MONTHLY Tax Year 2016 I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed Title Date Phone # THIS RETURN MUST BE FILED ON
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1. Number of Taxable Employees. 1 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 2 3. Taxable Earnings (from line 2). 3 4. Actual Tax Withheld at 2.500 %. 4 5. Adjustments of Tax for Prior Period. 5 6. Interest on Late Payment. 6 7. Penalty on Late Payment. 7	Tax Year 2016 I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed Title Date Phone # THIS RETURN MUST BE FILED ON OR BEFORE OCTOBER 15, 2016 MAKE CHECK OR MONEY ORDER TO: WALTON HILLS - SAGAMORE HILLS JEDD
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Period Ending SEPTEMBER

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

TAX ID

Address

1. Number of Taxable Employees	T V 0040
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	Tax Year 2016 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.
	Signed
3. Taxable Earnings (from line 2)	Title Date
Actual Tax Withheld at 2.500 %	Phone #
5. Adjustments of Tax for Prior Period	THIS RETURN MUST BE FILED ON
S. Interest on Late Payment	OR BEFORE NOVEMBER 15, 2016
7. Penalty on Late Payment	MAKE CHECK OR MONEY ORDER TO:
3. Total (Include Interest and Penalty if Due)	WALTON HILLS - SAGAMORE HILLS JEDD
	P O BOX 932501
Name	CLEVELAND OH 44193
And	Voice 440-232-7800 Fax 440-232-4070
Address	Deried Ending OCTOPED
	Period Ending OCTOBER
	TAX ID
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W4 4222 EMPLOYED'S WITHHO	
1. Number of Taxable Employees	
1. Number of Taxable Employees	Tax Year 2016 I hereby certify that the information and statements contained her
I. Number of Taxable Employees	Tax Year 2016 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.
1. Number of Taxable Employees	Tax Year 2016 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct. Signed
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1. Number of Taxable Employees	Tax Year 2016 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct. Signed Title Date Phone # THIS RETURN MUST BE FILED ON OR BEFORE DECEMBER 15, 2016
1. Number of Taxable Employees. 1 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 2 3. Taxable Earnings (from line 2). 3 4. Actual Tax Withheld at 2.500 %. 4 5. Adjustments of Tax for Prior Period. 5 6. Interest on Late Payment. 6 7. Penalty on Late Payment. 7	Tax Year 2016 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct. Signed Title Phone # THIS RETURN MUST BE FILED ON OR BEFORE DECEMBER 15, 2016 MAKE CHECK OR MONEY ORDER TO:
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1. Number of Taxable Employees. 1 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 2 2 3. Taxable Earnings (from line 2). 3 4. Actual Tax Withheld at 2.500 %. 4 5. Adjustments of Tax for Prior Period. 5 5. Interest on Late Payment. 6 7 7 7 7 7 8 7 7 7 7	Tax Year 2016 I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct. Signed Title Date Phone # THIS RETURN MUST BE FILED ON OR BEFORE DECEMBER 15, 2016 MAKE CHECK OR MONEY ORDER TO: WALTON HILLS - SAGAMORE HILLS JEDD P O BOX 932501 CLEVELAND OH 44193
1. Number of Taxable Employees	Tax Year 2016 I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct. Signed Title

Period Ending NOVEMBER

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

TAX ID

FORM W1 1222 EMPLOYER'S WITHHOLDING - MONTHLY 1. Number of Taxable Employees. 1 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 2 3. Taxable Earnings (from line 2). 3 4. Actual Tax Withheld at 2.500 %. 4 5. Adjustments of Tax for Prior Period. 5 6. Interest on Late Payment. 7 Penalty on Late Payment. 7 8. Total (Include Interest and Penalty if Due). 8

Name

And

Address

Tax	Year	2016

I hereby certify that the information and statements contained here
in and in any schedules or exhibits attached are true and correct.

Signed	
Title	Date
Phone #	<u> </u>

THIS RETURN MUST BE FILED ON OR BEFORE JANUARY 15, 2017

MAKE CHECK OR MONEY ORDER TO:

WALTON HILLS - SAGAMORE HILLS JEDD P O BOX 932501 CLEVELAND OH 44193

Voice 440-232-7800

Fax 440-232-4070

Period Ending DECEMBER

TAX ID